

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6	1						56						
7							57						
8							58						
9							59						
10							60						
11							61						
12	1						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						

BEST AVAILABLE COPY